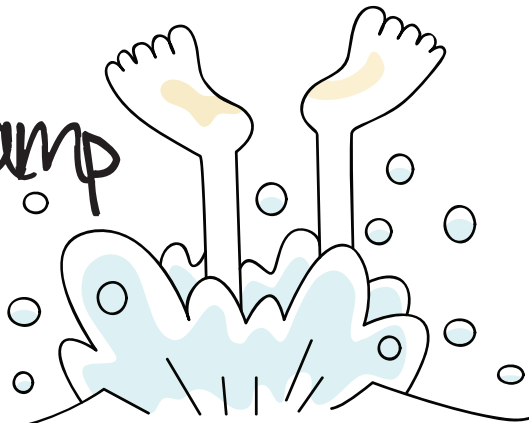


Irvingdale Pool & Day Camp Swim Lessons

Summer 2012



Level Placement

A swim skill evaluation will be given the first day to determine the correct level placement. We use the American Red Cross Learn to Swim Program.

Sessions

Session A:

June 18-28 8:30-9:15a

Session B:

July 9-19 8:30-9:15a

Session C:

July 30-August 9 8:30-9:15a

Fees

\$25/child/session

Register Early!

We reserve the right to limit the number of registrants. To register call Irvingdale Pool, 402-441-7828.

Payment is due at time of registration and paid at the pool. Cash and check are accepted.

Make checks

payable to: **Lincoln Parks & Recreation**

Pay at: **Irvingdale Pool**

1900 Van Dorn Street



Irvingdale Pool Swim Lessons

Irvingdale Pool • 1900 Van Dorn Street • 402.441.7828

SUMMER 2012 REGISTRATION FORM

Participant's Name _____ Grade _____

Address _____ City _____ State _____ Zip _____

Name of Parents _____ Child's Birthdate _____

Day Phone (Name of Parent at Day Phone) _____ Evening Phone _____

Another Person to contact in case of emergency _____ Phone _____

CHECK EACH SESSION & LESSON TIME DESIRED

- ☐ Session A: June 18-28 \$25/child/session ☐ Session C: July 30-August 9 \$25/child/session
☐ Session B: July 9-19 \$25/child/session

Amount Enclosed \$ _____ Check # _____ Receipt # _____

WAIVER AND RELEASE OF ALL CLAIMS

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in Belmont Swim Lessons, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child or ward may incur or may accrue to me or my minor child or ward on account of participation in the activities of this program. I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees, and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child or ward or arising out of this program. I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment of the rights hereby waived.

X _____
Signature of Parent/Guardian Relationship Date

X _____
Signature of Parent/Guardian Relationship Date

Photos: I/we also give absolute and irrevocable right & permission with respect to photographs & video that may be taken of my child/ward to the City of Lincoln for use in promotions/advertising.

X _____
Signature of Parent/Guardian Relationship Date

Medical Permission: In the event of an emergency, I authorize Parks and Recreation officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

X _____
Signature of Parent/Guardian Relationship Date